

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 07/16/03.

I. DISPUTE

Whether reimbursement is recommended for CPT codes 97550-FC, 97545-WH and 97546-WH for dates of service 07/22/02 through 08/14/021. CPT codes 97545-WH and 97546-WH were denied as "N-A peer review obtained by the carrier indicates that the documented services do not meet minimum Fee Guideline and/or the rules contained within the applicable AMA CPT/HCPCS coding guidelines."

II. FINDINGS

Requestor withdrew date of service 07/30/02 for CPT code 97750-FC and is no longer in dispute and will not be reviewed.

III. RATIONALE

Requestor billed \$1,228.80 for dates of service 07/22/02 through 08/14/02 for CPT code 97545-WH. (\$51.20 x 24 units) Carrier made no reimbursement.

Requestor billed \$3,686.40 for dates of service 07/22/02 through 08/14/021 for CPT code 97546-WH. (\$51.20 x 72 units) Carrier made no reimbursement.

The provider is CARF accredited for date of service 01/21/03. The reimbursable rate for CARF accredited facilities is \$64.00 per hour.

Requestor submitted documentation indicating support for general therapy, but does not identify an individualized treatment plan that includes real or simulated work activities in a relevant work environment or response to treatment to ensure continued progress per MFG MGR (II)(E). Therefore, based on the submitted documentation reimbursement is not recommended.

IV. FINDINGS & DECISION

The above Findings and Decision are hereby issued this 27th day of April 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division
MB/mb